Exhibit C

UNITED STATES BANKQUIPTEV COURT	PRO	OOF OF CLAI	м Піннін	
DISTRICT OF BESADA)	I HILLE LELLE LELL
Name of Debtor	Case Number		Schedule/Claim I	ID s31990
USA Commercial Mortgage Company	06-107	06-10725-LBR		ation
	1		\$43 207 07 Unse	ocured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	pense of an	Check box if you are aware that anyone else ha filed a proof of claim relating to your claim. Attach copy	ng The amount and	octed above constitute your claim as
Name of Creditor and Address		statement giving particular Check box if you have never received any notices from the bankruptcy court. BMC Group in this case	s' scheduled by the i you agree with the other claim agains this proof of claim or if the amounts st Uniquidated or I	Debtor or pursuant to a filed claim. If a amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be
12051 S CHEROKEE LN TUCSON AZ 85736 1317	+	Check box if this adding differs from the address or envelope sent to you by the	the If you have air	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	differentiate [eplaces or a previously amends	filed claim dated
1 BASIS FOR CLAIM	Retiree i	penefits as defined in 11		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages	salaries and compensal		Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS # compensation for service	s performed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DA	TE ORTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you	our claim	Check this box	of your claim is secu	ired by collateral (including
exceeds the value of the property securing it or if c) none or only part of your antitled to priority	r Claim IS	a right of setof Brief description	•	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collar	teral \$ 10°	7,239,19
Amount entitled to pnorrty \$ 48,446,78 Specify the pnorrty of the claim		Amount of arrearage secured claim if a	ge and other charges ny \$ <u>/57685</u>	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4)		services for personal fam Taxes or penalties owed t	to governmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable *Amounts are subject to		§ 507(a) () d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 48 HH 78 \$		with respect to cases con	nmenced on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	109 (s	2 <u>39.19</u> \$ <u>나</u> ecured)	8,446,78 (pnonty)	\$ 157685 97 (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	emount of the claim Attac	ch kemized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d	<i>ments,</i> su	ich as promissory notes, ts. and evidence of perfe	purchase orders invection of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a sta	mped, self addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, or governmental units)	, prevailir corporatio	ng Pacific time, on Nov ons, joint ventures, trus	rember 13, 2006 sts and	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVER'		1 0 0000
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 East	CM Claims Docketing C Franklin Avenue	enter F	ED OCT 13 2006
DATE SIGN and print the name and title if any of the	creditor or o	to CA 90245 other person authorized to fil		
this claim (attach copy of power of attorne	by if any)		•	USA CMC

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	Dis	TRIC 1	Or Ne	vada	PROOF OF CLAIM
Name of Debtor					
USA COMMERCIAL MIG CO		06	107	25-1BR	
NOTE This form should not be used to make a claim for an administ	strative exp	oense an	sing afte	the commencemen	
of the care. A request for payment of an administrative expense ma	y oe med	pursuant	1011	13C 9 101	
Name of Creditor (The person or other entity to whom the dubtor owns money or property)				e aware that anyone f of claim relating to	
MARILYN TOHNSON LIVING TOWN	you	r claım	Attach (copy of statement	
DATED 10/5/99 MARILYN JOHNSTE	L G	ng partu ek boy u		ve never received as	nv
Name and address where notices should be sent	noti	ces from		akruptcy court in the	
1010 La RUF AV	Che		f the add	iress differs from the	
RENO, NV 89509 Telephone number 725 323 5593		ress on t court	he envel	ope sent to you by	THIS STACE IS FOR COORD USE ONLY
Last four digits of account or other number by which creditor	_	ck here		aces	
identifies debtor	ıf th	es claum	am	ends a previously	filed claim dated
1 Basis for Claim		-			n USC § 4(a)
Goods sold Services performed				alaries and competed digits of your SS	nsation (fill out below)
Money loaned		ŧ	Unpaid o	compensation for se	ervices performed
Personal injury/wrongful death Taxes		f	rom	(date)	_ to(date)
Other EA A					
2 Date debt was incurred 2004	3	If cou	art judg	ment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes th	at best de	scribe yo	our claim	and state the amou	int of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim 5 101, 400		Seco	red Ck	Rim	
E parag	r claim. or		Check the of set	this box if your clair	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) to only part of your claim is entitled to priority	none or			•	aanil
Uzsecured Priority Claim		1		escription of Collat I Estate Mote	
Check this box if you have an unsecured claim all or part of w	hich is	}	Transit or a second	of Collateral \$_4	. 1
entitled to priority Amount of arrearage and other charges at time case filed include				harges at time case filed included in	
Amount entitled to priority \$		secur	red clain	n sfamy \$	
Specify the priority of the claim					ourchase lease, or rental of property household use - 11 USC
Domestic support obligations under 1! USC \ 507(a)(1)(A) of (a)(1)(B)	r 	§ 507(a	a)(7)	·	
Wages salaries, or commissions (up to \$10 000),* earned within	니				mental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier - 11 U S C \(\gamma 507(a)(4)	or's				ph of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C & 507(a					4/1/07 and every 3 years thereafter n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		101.4	100	101,400	101.400
Check this box if claim includes interest or other charges in add	ttion to th	(Unsecu		(secured)	(priority) (Total)
interest or additional charges					Andrews Andrews At Mr
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	md dedu	icted for	the purpose of	THE SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	ents, such	as prom	ussory n	otes purchase	
orders invoices itemized statements of running accounts contra	icts court	judgmei	nts, mori	tgages security	
agreements and evidence of perfection of lies DO NOT SEN documents are not available, explain If the documents are voluit				MIZ II THE	
8 Date-Stamped Copy To receive an acknowledgment of the fil				a stamped self-	
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the	he operation	r or othe		enthogyed to	1 1 2007
file this claim (attach copy of power of attor	ney, if any	y)	~ hereou	ounonax w	FILED JAN 11 2007
1/8/07 Mixil 11 Chi					USA CMC
Penalty for presenting fraudulent loaum Fine of up to \$500 000 or	IMPRISOR	ent for	up to 5	years or both 1811	S (1079502195

PR	DOF OF CLAIM
Name of Debtor Case N	mber
USA COMMERCIAL MARTGAGE GOOF 06.	-10725 LBR
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense- arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check hox if you are aware that anyone else has field a proof of claim relating to
Name of Creditor and Address	your cleam Attach copy of statement group perbusians
MARION C. SHARP IRA ZO LEROY TERRACE NEW HAVEN, CT 26512- 3114	Check box if you have never received any notices
ZO LERBY TEXRACE	from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
NEW HAVEN, CT 265/2-,	Check box if this address ONE OF THE DESTORS
3114	differs from the address on the lit you have already fied a proof of claim with the envelope sent to you by the Bankruptoy Court or BMC you do not need to file again
Creditor Telephone Number ()	COURT USE ONLY
Cast four digits of account or other number by which creditor identities debtor:	Check here replaces
36 27	If this claim a previously filed claim dated
1 BASIS FOR CLAM	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	
Services performed Taxes	astance and compensation (fill out below) r digits of your SS # (not for loan belances)
The transport of the second of	compensation for services performed from to
2 DATE DEST WAS INCURRED 3 IF C	COURT JUDGMENT, DATE OBTAINED (date)
4 CLASSIFICATION OF CLAIM Check the appropriete box or boxes that best desc See revenue side for important explanations	
UNBECURED HONPRIORITY CLAM \$ 275,000.00	SECURED CLAIM
Check this box if a) there is no colleteral or ten securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	, - ·
UNSECURED PRIORITY CLAIM	Brief description of colleteral
Check this box if you have an unsecured claim alt or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral S UNKABULA
Amount entitled to priority \$	Amount of amearage and other charges at imp case filed included in secured claim if any \$ 225,000 00
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § \$07(a)(1)(A) or (a)(1)(B)	
Weges salaries or commesons (up to \$10 000)* earned within 180 days	Up to \$2 225" of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
before fling of the bankruptcy petition or cassation of the debtor's business whichever is earlier 11 U.S.C. § 607(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5)	Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ()
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
8 TOTAL AMOUNT OF CLAIM \$ ZZ\$ 000.00 \$ ZZ\$.	200.000 \$ \$ 225, 600.00
(unsecured)	secured) (priority) (Total)
Check this box if claim includes interset or other charges in addition to the principal	emount of the claim. Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS. Attach cooles of supporting documents. suruning accounts, contracts court judgments mortgages accurity agreement DOCUMENTS. If the documents are not available explain. If the documents.	UCh as promissory notes: purchase orders: invoices: itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the fting of proof of claim	
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporate	og Pacific time, on November 13, 2006
governmental units) RY MAL TO BY HAND	OR OVERHIGHT DELIVERY TO
	NCM Claims Docketing Center FILED JAN 1 3 2007
P O Box 911 1330 East	t Franklin Avenue
El Segundo CA 90245-0911 El Segun DATE SIGN and sent the name and tille if any of the creditor of	do CA 90245
this claim (attach copy of power of attorney if any)	USA CMC
	FN NECSON, A-TTERNEY
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impreorment for up to	5 years or both 18 U S C & 152 AND 3571

-	7. 1. T	PR	OOF OF C	AIM	1		
					}		
Name of Debtor		Case No	umber		1		1
USA COMMERCIA	AL MORTGAGE COMPANY	06-1	0725-LBR			RF LIVED AH	DFLF
This form should not be us	ist of Debtors and Case Numbers and to make a claim for an administrative experient of the case. A 'request for payment.	oense of en	Check box if you			2007 JAN 12 A	
administrative expense ma	ay be filed pursuant to 11 U S C § 503		filed a proof of claim	n relating to	ţ	U -	טףי
Name of Creditor ar			your claim Attach statement giving pa				1 -043
MICHAELIAN HO			Check box if yo		!		ILPK
413 CANYON GRI LAS VEGAS, NV			never received any from the bankruptos BMC Group in this	court or	DO NOT FILE TI SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS	NOT
ACCT ID 1572			Check box if the differs from the add	ress on the	ONE OF THE DE	ready filed a proof of claim with the	,
Creditor Telephone Numbe	er () 702/338-3147		envelope sent to yo court	u by the		t or BMC you do not need to file a	- 1
	or other number by which creditor identifies	debtor	 			CE IS FOR COURT USE ONL	<u>Y</u>
			Check here if this claim	replac		y filed claim dated	-
1 BASIS FOR CLAIM		Retiree t	penefits as defined	in 11 U.S.	C § 1114(a)	Unremitted principal	
Goods sold	Personal mury/wrongful death		salanes and comp				
Services performed	Taxes		digits of your SS #		III OUL DOIDAN	Other claims against ser (not for loan balances)	AICBL
Money loaned	Other (describe briefly)		compensation for se	_	formed from	to	j
+		•	,			(date) (date)	ì
2 DATE DEBT WAS INCL		3 IF C	OURT JUDGMENT	, DATE O	BTAINED		
4 CLASSIFICATION OF C See reverse side for imports	ZLAM Check the appropriate box or boxes that	best descri	be your claim and sta	te the amou	int of the claim at t	the time case filed	
UNSECURED NONPRIOR	ar anthematicals		SECURED C				- 1
	at t CLAIM 5				ur claim is secu	red by collateral (including	- 1
exceeds the value of the	property securing it or it c) none or only part of yo	your claim ur claim is	قتا a nght of			. oo oy oonotores (mostaarig	- }
entitled to priority UNSECURED PRIORITY				cription of	collateral		ł
	SLAIM an unsecured claim all or part of which is		Real F	estate [Motor Vehicle	Other	
entitled to priority Amount entitled to priority			Value of	Collateral	\$		
	·		Amount of arr	ns egerse	d other charges	at time case filed included in	1
Specify the priority of the			secured claim	many \$	1,267,075.5	50	
	ions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of de	posits towai	d purchase lease	or rental of property or	- {
business whichever is ea	missions (up to \$10 000) earned within 180 days intro petition or cassation of the debtor's lifter 11 U S C § 507(a)(4)		Taxes or penalties	al tamily or owned to gov	household use 1 emmentat units	1 USC § 507(a)(7) 11 USC § 507(a)(8)	
Contributions to an emplo	byee benefit plan 11 U.S.C. § 507(a)(5)	L	Other Specify app	licable para	graph of 11 USC	§ 507(a) ()	Í
			Amounts are subject to case	ect to adjust is commenc	ment on 4/1/07 an ed on or after the	nd every 3 years theresiter date of adjustment	- [
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$\$	1,267,07				\$ 1,267,075 50	
	(unsecured)	(SI	ecured)		(pnonty)	Chatal	[
Check this box if claim inc	cludes interest or other charges in addition to the	principal a	mount of the claim	Attach den	ized statement ~	f all interest or additional aboves	
6 CREDITS The amount	of all payments on this claim has been credi	ted and de	aducted for the num	ones of me	leng the second	-f al	_
running accounts contre DOCUMENTS If the do	IMENTS Attach copies of supporting documents court judgments mortgages security accuments are not available explain. If the documents are not available explain.	<u>nents,</u> suc greements	ch as promissory no and evidence of p	otes purch erfection (ase orders invo	cices itemized statements of T SEND ORIGINAL	1
B DATE-STAMPED CO proof of claim	PY To receive an acknowledgment of the	filing of yo	our claim enclose a	ach a sum stamped	mary self addressed	envelope and copy of this	
The original of this con	inpleted proof of claim form must be sent	by mail or	hand delivered (AYES NO	7	7110 07 10 1	
	s actually received on or before 5 00 pm, ty (including individuals, partnerships, co					THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group					1		- 1
Attn USACM Claims Do	cketing Center	MC Grou	R OVERNIGHT DELL	VERT 10			1
P O Box 911		NUTUSAC	M Claims Docketii Franklin Avenue	ng Center)		ł
El Segundo CA 90245-0	1911 E	≚i Segunda	CA 90245		1		- 1
DATE	SIGN and print the name and trie if any of the the claim (attach copy of power of attorne	creditor or a	other person authorize	ed to file			l
01/11/2007	Securit femoral copy of poset of attorne	_	DE MICHAEI			USA CMC	

FÓRM B10 (Official Form 10) (10/05)

LOUIS GIA (OURSEL ANTI TO) (1000)			
UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF Nevade	PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company	Case i	Number 06-10725-LBR	
NOTI: This form should not be used to make a claim for an administrative expense ma			R.
Name of Creditor (The person or other entity to whose the debtor own Water Museo & Barbara Museo Trustees of the Museo Living Trust dated 11/30/92	cise your	ck box if you are aware that anyone has filed a proof of claim relating to claim. Attach copy of statement ag particulars	
Name and address where notices should be sent Walter Museo PO Box 2566	note		18
Avile Beach, CA 93424 Telephone number 805-505-2123	addr the	ck box if the address differs from the eas on the envelope sent to you by court.	Then Server to Print Column Uses One or
Last four digits of account or other number by which creditor identifies dabter		sk here septaces is claim samends a previously	filed claum dated
1 Reals for Claim Goods wild Services performed Money loaned Personal injury/wrongful death Times Other See Exhibit A		Retiree benefits at defined Wages, salaries, and compe Last four digits of your \$\$ Unpaid compensation for a from	ensation (fill out below)
2. Date debt was incurred November 21, 2003	3.	If court judgment, date obtain	ned-
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Neaprierity Claims \$ 623,004.79 Check this box if a) there is no colleteral or lien accuring you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventilled to priority Amount entitled to priority \$	r claim, or aone or	Secured Claim Check this box if your claim a right of sctoff) Brief Description of Collair Real Estate Mod Value of Collateral S_Amount of arrearage and other ascured claim, if any \$_8.30	teral for Vehicle Other——— tharges at time case filed included in
Downestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B) Wagns, salarics, or commissions (up to \$10,000),* carried with days before filling of the bankruptcy pulltion or casestion of the debt business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benufit plan - 11 U S C, § 507(a)	*Aa*	or services for personal, family, or § 507(a)(7) Taxes or possities owed to govern Other - Specify applicable paragri	r household use - 11 USC smeatal units - 11 USC # 507(a)(8) aph of 11 USC # 507(a)() 14/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad-	8	623,004 78 823,004.79 (secured) e principal amount of the claim. A	(priority) (Total) (trach stemand statement of all
credits The amount of all payments on this claum has been making this proof of claims Supporting Documents: Attack copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are vota: Data-Stampal Copy. To receive an acknowledgment of the fill ackressed envelope and copy of this proof of claim. Date. Sign and print the name and title, if any, of fille this claim (attach copy of power of attom.)	nents, such a acts, court; aD ORIGIP iminous, at ling of you the creditor racy if any	as protessory notes, purchase judgments, mortgages, security NAL DOCUMENTS: If the tach a summary ir claim, enclose a stamped self-	THIS SPACE BE FOR COURT USE ONLY FLED JAN 16 2007
	/		

Penulty for preventing fraudulent claim. Fine of up to \$500,000 or impresonment for up to 5 years or both. 18 U.S. 1072502363

F	0	RM	B10	(Official	Form	10) (10/05)

UNITED STATES	BANKRUPTCY COURT	Dis	RK I	OF	Nevada	- DDOOF OF OLARY
Name of Dubtor		Case				PROOF OF CLAIM
USA COM	vercial Montgage Company	06	- 11	07	is-lbr	
	hould not be used to make a claim for an administrative expense ma					at .
Robert K.	The person or other entity to whom the or property) Fuller Trustec of the cable Trust	clsc your	has fil	led a p	u are aware that anyone proof of claim relating to ach copy of statement	
Name and address	where notices should be sent				u have never received as bankruptcy court in the	
Robert Full 5172 Englis Las Veges, Telephone number	h Daish Wan NN 89742 702 207-4991	addr			e address datfers from the nvelope sent to you by	E THIS SEALL IN FOR COURT USE ONLY
	ccount or other number by which creditor		k hen s clan		replaces amends 2 previously	filed claim dated
Money Persona	sold s performed			Wag Last	four digits of your SS and compensation for se	ensation (fill out below)
2 Date debt w	as incurred	3	If c	ourt ;	udgment, date obtain	ned
4 Classification of	of Claim Check the appropriate box or boxes th	at best dee	mhe ·	Vour o	laim and ctate the amou	unt of the claim at the time care fil-
See reverse side Unsecured Nonp Check this be	for important explanations priority Claim \$ 243,523.62 ox if a) there is no collateral or lien securing you eas the value of the property securing it or if c) claim is entitled to priority	r claum or	Sec	Ch ght o	Claim	m is secured by collateral (including
24 50 11						
Chuck this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Solution of Collateral Solution Amount of arrearage and other charges at secured claim if any \$3,523.6					harges at time case filed included in	
Specify the priority of	•				<u>-</u>	purchase lease or rental of property
	ort obligations under 11 USC 4 507(a)(1)(A) o		or ser § 507	vices (a)(7)	for personal family or	household use 11 USC
business whichever	or commissions (up to \$10 000) = earned withing the bankruptcy petition or ceasation of the debter is eather 11 USC \$507(a)(4) to an employee benefit plan - 11 USC \$507(a)	n 180 ors ⊟ <i>*Am</i>	Other	- Spo are s	cify applicable paragraubject to adjustment on	mental units I U S C § 507(a)(8) uph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter on or after the date of adjustment
	nt of Claim at Time Case Filed		242	523	43 \$248,523.42	\$ 243,523,42
Total Amount of Claim at Time Case Filed S243, 523, 63 5248, 523, 63 6248, 524, 63 6248, 523, 63 6248, 5248, 523, 63 6248, 5248, 523, 63 6248, 5248						
	e amount of all payments on this claim has been	credited as	nd dec	ducted	for the purpose of	THIS SPACE IS TOR COURT US ONLY
orders invoices agreements and documents are n 8 Date Stamped	ocuments Attach copies of supporting documents itemized statements of running accounts contrate evidence of perfection of hen DO NOT SBN of available explain if the documents are volumed to the file operand copy of this proof of claim. Sign and point the name and title if any of the same and title if any	cts courty D ORIGIN minous attri ling of your	IAL Each a :	ents i OCU summ n enc	mortgages security IMENTS If the lary lose a stamped self-	FILED JAN 11 2007
1-10-07	file this claim (attach copy of power of attor					USA CMC

	884	205 05 01 444		
	PRO	OOF OF CLAIM		
Name of Debtor	Case No	mhar	ł	
USA Commercial Mortgage Company	06-10	725-LBR	:	
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative explansing after the commencement of the case. A "request" for payment of	ense	Check box if you are aware that anyone else has	i	
administrative expense may be filed pursuent to 11 U S C § 503	J7 (MIL	filed a proof of claim relating	IF YOU ARE ON	LY OWED MONEY BY A BORROWER
Name of Creditor and Address.		to your claim Attach copy of statement giving particulars	MINDE LOAM	6 BEING SERVICED BY THE DO MOT HAVE TO FILE A PROOF
1132124203982	-		OF CLAIM THE	B INCLUDES MONEY PROM THAT BLD IN THE COLLECTION ACCOUNT
WINKLER, RUDOLF + CAPAGE WINKLER, 7	77_	Check box if you have never received any notices	DOIGHOUSEK ME	ED IN THE COLLECTION ACCOUNT
10000 ROSSBURY PLACE LOS ANGELES CA 90064		from the bankruptcy court or BMC Group in this case		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
WINKIER FAMILY TRUST UTD 3/13/	lo	Check box if this address	ONE OF THE DE	
WINETER HAMILY TRUST DID 5/13/	26	differs from the address on the	If you have at	ready filed a proof of claim with the
Creditor Telephone Number (3 10 - 15 8 - 333 4		envelope sent to you by the court		t or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	ebtor			ZE IS PORTCOURT USE ONLY
97		Check here replace or if this claim amen		y filed clerm detect
1 BASIS FOR CLAIM	Retiree	enefits as defined in 11 U.S.	C 6 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salanes, and compensation (Other clarms against servicer
Services performed Taxes		death of your SS #	in out parony	(not for loen belences)
Money loaned Other (describe briefly)	Unpaid o	ompensation for services per	formed from	to
See Exhibit A				(class) (class)
DATE DEBT WAS INCURRED 12-16-2002 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	3 IF C	DURT JUDGMENT, DATE O	BTAINED	the time core first
300 reverse side for important explanations		SECURED CLAIM		are true forms (end)
UNSECURED NONPRIORITY CLAIM \$ 605,3 17 99			ur ciaim is secu	red by colleteral (including
Check this box if a) there is no collateral or nen securing your clean or b) : exceeds the value of the property securing it, or if c) none or only part of yo	your claim ur claim is	a right of setoff)		non by community (intercent)
entitled to priority		Bnef description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is	٤w	Real Estate	Motor Vehick	Other
entitled to priority	(4	Value of Colleteral	\$ Unt	March
Amount entitled to priority \$		Amount of arrearage an		at time case fled included in
Specify the priority of the clears		secured claim, if any	8619.	63
Domeètic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits town services for personal family or	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* samed within 180 days before filing of the bankruptcy petition or deseation of the debtor's		Taxes or penalties owed to go		
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plen - 11 U.S.C. § 507(a)(5)		* Amounts are subject to admis	tment on 4/1/07 a	nd avery 3 years thereafter
5 TOTAL AMOUNT OF CLAM \$ 10 317 45 5 5	م ککم	with respect to cases commen	ced on or ener the	A 7
AT TIME CASE FILED (unsecured)		scured)	(priority)	* (COST, 317, 99 (Total)
Check this box if claim includes interest or other charges in addition to the			nized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	ted and d	educted for the purpose of m	along this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach gooles of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security at the contracts of the contract of th		: Brit Builbrie of Berleding		cices, itemized statements of
DOCUMENTS IT THE GOODINGHES are not available, explain If the de	cuments:	are voluminous, aitach a suir	THEY	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of cisim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,	by mail o	r hand delivered (FAXES N	DT .	THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, co	provention	j racinc time, on Novembe IS. joint ventures, truste an	r 13, 2006 d	USE ONLY
governmental units)	ev Hand (O CHIEBMACHT DEI MERWY TO		
	BMC Grou	P	FII	ED JAN 1 2 2007
P O Box 911		CM Claims Docketing Center Franklin Avenue	1 14	UI (11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
El Segundo CA 90245-0911	El Segund	o, CA 90245		1104 0110
this time distribute to the property of both or attorned	oreditor or by if any).	other person authorized to file UNKLEN FAMILY	TOUST	USA CMC
1-10-2007 Kulley Willey	MUSTE			1072602279

Penalty for presenting traudulant claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §\$ 152 AND 3571

the second of th	DD/	OOF OF CLAIM		
	FR	JOP OF GLAIM]	
<u> </u>				
Name of Debtor	Case Number		1	
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725~LBR		
NOTE See Reverse for List of Debtors and Case Numbers	L	_		
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of	ense	Check box if you are aware that anyone clee has		
administrative expense may be filed pursuant to 11 U S C § 503	N 411	filed a proof of claim relating to	•	
Name of Creditor and Address		your claim Altech copy of statement giving particulars		
Rudolf Winkler IRA		Check box if you have		
		never received any notices		
10000 ROSSBURY PL		from the benkruptcy court or BMC Group in this case	SECURED INTER	8 PROOF OF CLAIM FOR A BST IN A SORROWER THAT IS NOT
hos Angeles, CA 90064-482	6	Check box If this address	ONE OF THE DES	TORS
		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (310-518-3339		court.	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	lebtor	Check here replac	206dododo.	
3375		If this claim amon	de a bienionzik.	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal argury/virrongful death	Wages s	salaries and compensation (f	Ill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #	•	(not for lash belances)
Money loaned Other (describe briefly) See Exhibit A	Unpaid c	ompensation for services per	formed from	(deta) to
2 DATE DEBT WAS INCURRED		DURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$ 325900		SECURED CLAIM		
The critic box if a) there is no collateral or lien securing your claim or b) y	rour claim) 	ur claim is secure	nd by colleteral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a right of setoff).		
UNSECURED PRIORITY CLAIM		Bnef description of Real Estate	_	П
Check this box if you have an unsecured claim all or part of which is entitled to oncrity		ļ <u> </u>		Other
Amount entitled to pnomy \$		Value of Collateral	\$ UNKNO	
Specify the promy of the claim		secured claim if any \$	d other charges	at time case filed included in 2.7.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits town	/ - 9	
Weges selanes or commissions (up to \$10 000) seried within 180 days	—	services for personal family or	household use 11	U S C \$ 507(a)(7)
before filing of the benkruptcy petition or cessition of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	u	Other Specify applicable para		
		Amounts are subject to adjust with respect to cases commend	paint on 4/1/0/ and and on or after the d	overy 3 years moreomer
AT TIME CASE FILED	<u>325,</u>	900.11 \$		\$ 325,900 11
(unsecured)	•	icured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				~
6 CREDITS The amount of all payments on this claim has been credi	ted and d	educted for the purpose of m	sking this proof of	claim
7 SUPPORTING DOCUMENTS <u>Attach coors of supporting documents</u> running accounts contracts court judgments mortgages security ac	: Paris and a	and evidence of perfection :	of Book DAN MATE	ces itemized statements of SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the do	cuments :	are voluminous attach a sum	mary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				invelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 60 pm.	by mail o	r hand delivered (FAXES NO	OT T	THIS SPACE FOR COURT
for each person or entity (including individuals partnerships, co	provention	j racac ume, on Novembe 15. joint ventures, trusts and	r 13, 2006 Í	USE ONLY
governmental units)	-	•		
BMC Group		NR OVERNIGHT DELIVERY TO P CM Claims Docketing Center		7007
P O Box 911	1330 East	Frankin Avenue	FN '	ED JAN 1 2 2007
El Segundo CA 90245 0911 DATE SIGN and print the gents and the Vieny of the		o CA 90245		
the chipp (gibech copy of power of stropy		urner person authorized to file		l
(Constitution) Ru	sdolf	Winkler TRA	J	USA CMC
Penalty for presenting freuchlers claim is a line of up to \$500 000 or imprisonment		years or both 18 U.S.C 55 11	52 AND 3571	

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Madame Company NOTE This form should not be used to make a claim for an administra	PROOF OF CLAIM	
of the case. A request for payment of an administrative expense may	be filed pursuant to 11 USC \$ 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement	
Name and address where notices should be sent ANTHONY J. ERBO AN UNMAN MAN [ANTHONY J. Z.E. RBO ANTHONY J. Z. RBO ANTHONY	giving particulars Check box if you have never received any notices from the bankruptcy court in this case	
780 SAFATOGA AUC. Apr. 5-107	Check box if the address differs from the address on the envelope sent to you by	THIS SLACE IS FOR COURT USE ONLY
Telephone number 4100 = 344-4462 Last four digits of account or other number by which creditor	the court Check here Feplaces/0/20/06,19/2	
identifies debtor	if this claim amends a previously filed	claim dated
Goods sold Services performed Money loaned Personal mjury/wrongful death	Retiree benefits as defined in 11 Wages salaries and compensate Last four digits of your SS #	ion (fill out below)
Taxes Secry hibit H"	(date)	(date)
2 Date debt was incurred APRIL 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations. Unsecured Nonpriority Claim \$ 376,855.25 Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it or if c) not only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of white entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages salaries or commissions (up to \$10,000) * earned within 1 days before filing of the bankruptcy petition or cessation of the debtor is business whichever is earlier. If U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate	etucle Other————————————————————————————————————
Check this box if claim includes interest or other charges in additional charges	on to the principal amount of the claim Attach	itemized statement of all
6 Credita The amount of all payments on this claim has been cremaking this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contracts agreements and evidence of perfection of lien DO NOT SEND of documents are not available explain if the documents are voluming	s such as promissory notes purchase court judgments, mortgages, security ORIGINAL DOCUMENTS If the	HIS SINCE IS LOR COURT USE ONLY
8 Date-Stamped Copy To receive an acknowledgment of the filing	g of your claim enclose a stamped self-	D JAN 1 0 2007
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the file this claim lattach copy of power of attorney ANTURY T. Z.F. PRO	creditor or other person authorized to	USA CMC
Penulty for presenting fraudulent claim. Fine of up to \$500,000 or im	presonment for up to 5 years or both 18 U.S.	1072501062